IPDR6702								1
RIN DATE:	09/17/2007		TPR	NORTH CAROLINA S CHECKWRITE SUMMARY REPORT		PAG	E: 1	
				HECKWRITE DATE: 09/18/2007				
		,		FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	44	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	H/DD/SAS			NI BODGET				
		8800	11	FURTHER PROCESSING NECESSARY,		65	78	13
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8535	9	SERVICE FACILITY LOCATION WAS				
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
3404904		3411	1047	PROVIDER TYPE AND SPECIALTY 07				
3404904	WESTERN HIGHLAN DS LME	3411	1047	4/113 CANNOT BILL ENHANCED				
	DO LINE			BENEFIT SERVICES ON OR AFTER D				
		11	48	CLIENT NOT ELIGIBLE ON SERVICE	-	1165	6729	5564
			1	DATE	-			
						1		
		8534	12	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404910	DATUMANC	11	85	CLIENT NOT ELIGIBLE ON SERVICE	+			
	PATHWAYS			DATE	1			
		5404	8	SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD	-	119	2533	2414
				OV/PCODE/10S/DOS/MOD				
		5308	6	PRIOR AUTHORIZED UNITS EXCEEDE				
				D				
3404912	CATAWBA COUNTYM	8599	57	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	53	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	-	166	3716	3550
				RICE THIS CLAIM DETAIL				
		143	20	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404913	MECKLENBURG COM	8505	5154	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		0000	2500	THE THE PROGRAMME AND THE PROG			<u> </u>	
	+	8800	2509	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	-	8553	8897	344
				FUTURE RA'S.	1	+		
				1				
		21	485	DUPLICATE OF CLAIM-SYSTEM				
		21	485	DUPLICATE OF CLAIM-SYSTEM				
		21	485	DUPLICATE OF CLAIM-SYSTEM				
3404916	CROSSROADS BEHA	21	485	CLAIM DENIED DUE TO INSUFFICIE				
3404916	CROSSROADS BEHA VIORAL HEAL							
3404916				CLAIM DENIED DUE TO INSUFFICIE				
3404916		8505		CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				1960
3404916				CLAIM DENIED DUE TO INSUFFICIE		) 153	1915	1762
3404916		8505		CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY,		153	1915	1762
3404916		8505	68	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.	(	153	1915	1762
3404916		8505		CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO		153	1915	1762
3404916		8505	68	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING		) 153	1915	1762
3404916		8505	68	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO		3 153	1915	1762
3404916		8505	68	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT		153	1915	1762
	VICRAL HEAL	8800	68 41 41	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  TURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE BAYS.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND		153	1915	1762
	VIORAL HEAL  CENTERPOINT HUM	8800	68 41 41	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT		153	1915	1762
	VIORAL HEAL  CENTERPOINT HUM	8505 8800 79	18	CLAIM DENIED DUE TO INSUFFICIE  NT SUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  FOOVIDER TYPE AND SECIALTY IN  DETAIL NOT COVERED BY COMBINAT  LON OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.		) 153		1762
	VIORAL HEAL  CENTERPOINT HUM	8800	68 41 41	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  TURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RAYS.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND		153		1762
	VIORAL HEAL  CENTERPOINT HUM	8505 8800 79	18	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RAY.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT JON OF RECIPITY, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE		333		1762
	VIORAL HEAL  CENTERPOINT HUM	8505 8800 79 8599	118	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVUDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BERRETT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE		153		1762
	VIORAL HEAL  CENTERPOINT HUM	8505 8800 79	18	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RAY.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT JON OF RECIPITY, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE		333		1762

							TOTAL	TOTAL
PROVIDER NUMBER	proving w	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8505	1628	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	TAL HEALTHC	<u> </u>		rea soundi				
		8800	299	FURTHER PROCESSING NECESSARY,				
		8800	299	PLEASE CHECK FOR CLAIM ON	0	2056	2087	31
				FUTURE RA'S.				
		11	111	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404920	ALAMANCE CASWEL	11	48	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	L AREA MH D			DATE				
		79	15	THIS SERVICE IS NOT PAYABLE TO				
		7.5	13	YOUR SUBMITTED BILLING	0	80	1923	1843
				PROVIDER TYPE AND SPECIALTY IN				
		5404	11	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404921	ORANGE PERSON C	11	87	CLIENT NOT ELIGIBLE ON SERVICE				
	HATHAM AREA	+	1	DATE		1		
		21	51	DUPLICATE OF CLAIM-SYSTEM				
			21	SOLUTION OF CHAIN-SISIEM	0	241	4544	4303
		8599	38	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
	1	+	<del>                                     </del>	BENEFIT PACKAGE.		<del>                                     </del>		
3404922	THE DURHAM CENT	8599	275	DETAIL NOT COVERED BY COMBINAT				
	ER	+	<del>                                     </del>	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		<del>                                     </del>		
		2050	0.4					
		8950	84	CLIENT ONLY ENROLLED IN TRACKI NG POP GROUP. MUST ALSO BE	6	417	11117	10700
				ENROLLED IN A FUNDED POP GROUP				
		8622	29	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
			-	FOR ADDITIONAL SERVICE.		-		
3404923	FIVE COUNTY MH	8505	1053	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	81	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	1212	2703	1491
				FUTURE RA'S.				
		11	57	CLIENT NOT ELIGIBLE ON SERVICE			-	
			31	DATE				
3404925	SANDHILLS CENTE	8505	9195	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		+	1			1		
		8800	910	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	16	10561	10685	124
		+	1	FUTURE RA'S.		1		
		5404	91	SEVERE DUPLICATE: SAME ATTO PR				
		5237		OV/PCODE/TOS/DOS/MOD		1		
3404926	SOUTHEASTERN RE	8800		FURTHER PROCESSING NECESSARY,				
	G MENTAL HL	<b></b>		PLEASE CHECK FOR CLAIM ON				
	1	+	<del>                                     </del>	FUTURE RA'S.		<del>                                     </del>		
		8599	55	DETAIL NOT COVERED BY COMBINAT	2	316	2221	1905
		-		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	40	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404927	CIMPEDIAND CO.	8599	70	DETAIL NOT COVERED BY COMBINAT				
	CUMBERLAND CO M HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	1	143	28	CLIENT ID NUMBER NOT ON STATE	0	106	1513	1407
					- 0	100	1313	140/
				ELIGIBILITY FILE				
				ELIGIBILITY FILE				
		8505	3	CLAIM DENIED DUE TO INSUFFICIE				

PROPERTY   MARK   MARKE   MA		T .						moma r	momar
STATES   MATERIAL PROPERTY   MATERIAL PROPER	PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
Sept. Acade	NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION				PAID
Sept. Acade	2404020		0527	2	DESCRIBE TO MOT DAVABLE FOR V				
			6537	3					
1000000000000000000000000000000000000		MNID HBINC							
1000000000000000000000000000000000000									
100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   1000000 07   1000000 07   1000000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   10000000 07   10000000 07   10000000 07   100000000 07   10000000 07   10000000 07   100000000 07   100000000 07   10000000000			21	1	DUPLICATE OF CLAIM-SYSTEM	0	4	11	7
100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   1000000 07   1000000 07   1000000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   10000000 07   10000000 07   10000000 07   100000000 07   10000000 07   10000000 07   100000000 07   100000000 07   10000000000									
100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   1000000 07   1000000 07   1000000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   100000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   1000000 07   10000000 07   10000000 07   10000000 07   100000000 07   10000000 07   10000000 07   100000000 07   100000000 07   10000000000									
1			11	21					
1000   1000		BILLING OF							
1000   1000									
MICHAEL STATE   11			21	7	DUPLICATE OF CLAIM-SYSTEM	3	36	427	391
MICHAEL STATE   11									
MICHAEL STATE   11									
1			8931	3					
Page Marcine									
Page Marcine									
1944   19			11	91					
		R FOR MH/DD							
			8564	45		0	217	422	205
10   15   SALEMONIS ON EMPORED PROPERTY COLUMNS   1   1   1   1   1   1   1   1   1			1						<del>                                     </del>
DECEMBER AND CONTINUES   DECEMBER OF THE CONTINUES AND C									
			10	25					
140914   1000_00   CANTEST   1515   157   SERVICE PROCESSOR   1000   1			1						-
SOUND MALE									
			8535	387					
1400   100		BEHAV HEAL							-
CALM TORS THE TOTAL SECTION TO			<u> </u>		PARTITION AND VANIENT FILE				
			4102	63		0	697	1661	964
1559   15   SETUL BUT COVERED BY COMPINED   1   150   1   150									
					FOORD ON OOK FILE OR 13 NOT FO				
MANUEL CO MINITAL   0   0   0   0   0   0   0   0   0			8599	58					
ACCORDING CO MINITAL									
MAAUTH CTR					BENEFIT PACKAGE.				
BEAUTH CTR	3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
1404937   THE BEACHS CORT   0   0   1   1   1   1   1   1   1   1									
1404937   THE BEACHS CORT   0   0   1   1   1   1   1   1   1   1									
1404937   THE BEACHS CORT   0   0   1   1   1   1   1   1   1   1			0	0		0	0	0	0
BE SECOND CONT 1 THE BEACON CONT 79 1 THIS SERVICE IS NOT PAYABLE TO 1 THIS SERVICE IS NOT PAYABLE ON SERVICE IN SERVICE IS NOT PAYABLE ON SERVICE IN SERVICE IN SERVICE IN SERVICE IS NOT PAYABLE ON SERVICE IN SERVICE						-			
BS	2404026				AAAA NG DAWA WG DUDODW AAA				
1404937	3404936		U	U	NO DATA TO REPORT				
1404937 PHE REACON CRIT 19 1 THIS SERVICE IS NOT PAYABLE TO VOUR SUBMITTED BILLING  DR. VOUR SUBMITTED BILLING  PROVIDER THE AND SERCIALTY IN  0 0 1 3006  1404939 RAST CAROLINA B 1599 44 DETAIL NOT COVERED BY COMBINE  BENVIORAL N 1 DIAGNOSIS COOK MISSING OR INVA 0 189 1860  27 48 DIAGNOSIS COOK MISSING OR INVA 0 189 1860  27 48 DIAGNOSIS COOK MISSING OR INVA 0 189 1860  27 50 18 DIAGNOSIS COOK MISSING OR SERVICE  10 0 0 0 1 190 1860  1404941 RAST CAROLINA B 0 0 0 1 *** NO DATA TO REPORT ***  1404942 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404943 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		222							
1404937 PHE REACON CRIT 19 1 THIS SERVICE IS NOT PAYABLE TO VOUR SUBMITTED BILLING  DR. VOUR SUBMITTED BILLING  PROVIDER THE AND SERCIALTY IN  0 0 1 3006  1404939 RAST CAROLINA B 1599 44 DETAIL NOT COVERED BY COMBINE  BENVIORAL N 1 DIAGNOSIS COOK MISSING OR INVA 0 189 1860  27 48 DIAGNOSIS COOK MISSING OR INVA 0 189 1860  27 48 DIAGNOSIS COOK MISSING OR INVA 0 189 1860  27 50 18 DIAGNOSIS COOK MISSING OR SERVICE  10 0 0 0 1 190 1860  1404941 RAST CAROLINA B 0 0 0 1 *** NO DATA TO REPORT ***  1404942 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404943 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 *** NO DATA TO REPORT ***  1404944 RAST CAROLINA B 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
YOUR SUMMITTED BILLING			U	U		0	0	0	0
YOUR SUMMITTED BILLING									
			79	1					
		ER							
1404939   EAST CAROLINA B   5999   64   DETAIL NOT COVERED BY COMBINAT					THOUSAND STREETING IN				
SEMPTIT PACKAGE.			0	0		0	1	3004	3003
ION OF RECIPIENT, PROVIDER AND									
ION OF RECIPIENT, PROVIDER AND	3404939	PAST CAROLINA B	8599	64	DETAIL NOT COVERED BY COMBINAT				
BENEFIT PACKAGE									
LID. VERIFY AND ENTER THE									
LID. VERIFY AND ENTER THE   CORRECT DIAGNOSIS CODE AND SUB			27	48	DIAGNOSIS CODE MISSING OR INVA	-	4.61	46.5	1671
CORRECT DIAGNOSIS CODE AND SUR						0	189	1860	1671
DATE									
DATE			11	37	CLIENT NOT ELIGIBLE ON SEPURCE				
1404941   PAST CAROLINA B   0   0   *** NO DATA TO REPORT ***				~ *					
RENVIORAL H  RENVIORAL H  0 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0									
RENVIORAL H  RENVIORAL H  0 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0	2404041		0	0	*** NO DATA TO DEDORT ***				
0				-	NO DRIM TO REPORT				
3404942 EAST CAROLINA B									
3404942 EAST CAROLINA B									
EMANICRAL H  0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0			U	U		0	0	0	0
EMAVIORAL H  0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0									
0   0   0   0   0   0   0   0   0   0			0	0	*** NO DATA TO REPORT ***				
3404943 ALBEMARLE MENTA 3411 46 PROVIDER TYPE AND SPECIALTY 07  L HEALTH CE 4/113 CARNOT BILL ENHANCED  BENEFIT SERVICES ON GR AFTER D  8599 29 DETAIL NOT COVERED BY COMBINAT 4 174 1705  I TON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.		EHAVIORAL H							
3404943 ALBEMARLE MENTA 3411 46 PROVIDER TYPE AND SPECIALTY 07  L HEALTH CE 4/113 CARNOT BILL ENHANCED  BENEFIT SERVICES ON GR AFTER D  8599 29 DETAIL NOT COVERED BY COMBINAT 4 174 1705  I ON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.			-						
L HEALTH CE 4/113 CANNOT SILL EMBANCED  BENEFIT SERVICES OR AFTER D  8599 29 DETAIL NOT COVERED BY COMBINAT 4 174 1705  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  143 24 CLIENT ID NUMBER NOT ON STATE			0	0		0	0	0	0
L HEALTH CE 4/113 CANNOT SILL EMBANCED  BENEFIT SERVICES OR AFTER D  8599 29 DETAIL NOT COVERED BY COMBINAT 4 174 1705  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  143 24 CLIENT ID NUMBER NOT ON STATE						_	_		
L HEALTH CE 4/113 CANNOT SILL EMBANCED  BENEFIT SERVICES OR AFTER D  8599 29 DETAIL NOT COVERED BY COMBINAT 4 174 1705  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  143 24 CLIENT ID NUMBER NOT ON STATE	3404943	AT DOMANT	3411	46	PROVIDER TYPE AND SEPCIALTY AT				
BENEFIT SERVICES ON OR AFTER D  8599 29 DETAIL NOT COVERED BY COMBINAT 4 174 1705  10N OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  143 24 CLIENT ID NUMBER NOT ON STATE				-					<b>—</b>
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  143 24 CLIENT ID NUMBER NOT ON STATE									
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  143 24 CLIENT ID NUMBER NOT ON STATE			9500	20	DETAIL NOT COURDED BY COMPANY				
BENEFIT PACKAGE.  143 24 CLIENT ID NUMBER NOT ON STATE			2244	43		4	174	1705	1531
									<b>t</b>
			143	24					-
			<u> </u>						

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404944	EASTPOINTE HUMA	8654	6	ONLY 16 UNITS ALLOWED PER DAY				
	N SERVICES			WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
		8599	4	DETAIL NOT COVERED BY COMBINAT		0 18	3888	387
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8536	2	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404946	FOOTHILLS AREAM	8532	350	SUBMITTED BILLING PROVIDER IS				
	ENTAL HEALT			NOT ELIGIBLE FOR DATE OF				
				SERVICE BILLED				
		8535	144	SERVICE FACILITY LOCATION WAS		0 660	2432	177
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		8599	132	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				